FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P960000811	45
1. Corporation Name	, 555556611	

WORLD WIDE FITTINGS INTERNATIONAL, INC.

Principal Place of Business Mailing Address										
2615 LANTANA ROAD SUITE A LANTANA FL 33462 SUITE A LANTANA FL 33462				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/01/1996						
2. Principal Pla 21 Suite, Apt. #		2a. Mailing Address 26 Suite, Apt. #, etc				4. FEI Number 65-0702795 5. Certificate of Status Desired □		Applied For Not Applicable 3.75 Additional		
City & State		City & State				Election Campaign Financing Trust Fund Contribution	\$	Fee Required 5.00 May Be Added to Fees		
Zip 24	Country 25	Zip 29	30	untry		This corporation owes the current year Personal Property Tax.	X ¥Y	es 🗌 No		
NOO!	9. Name and Address of Cur	rent Registered Agent		81	Name	 Name and Address of New Registere McCarthy 	d Agen	t		
MCCARTHY, JOSEPH D. FLORIDA HOSE & FITTINGS 2615 LANTANA RD., SUITE A			82 83	World	t Address (P.O. Box Number is Not Acceptable) Print Wide Fittings International 15 Lantana Road, Suite A					
LANT	ANA FL 33462			84	city Lantan		L 85	33462		

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE Signature, lyned or ponted name of registered agent and title if additionable. (NOTE: Registered Agent signature required when reinstating) DATE								
12.	Signature, typed or printed name of registered agent and title if phicable. (NOT OFFICERS AND DIRECTORS	13.	ogonal da / gona digitation to talino					
TITLE	PT DELETE	1.1 TITLE	P	X⊠ Change	XX Addition			
NAME	MCCARTHY, JOSEPH D.	1.2 NAME	Sean P. McCarthy		.			
STREET ADDRESS	2615 LANTANA RD., SUITE A	1.3 STREET ADDRESS	2615 Lantana Road,	Suite A	į			
CITY-ST-ZIP	LANTANA FL	14 CITY-ST-ZIP	Lantana, FL 33462	4				
TITLE	☐ DELETE	2.1 TITLE	T	XX Change	Addition			
NAME		2.2 NAME	Joseph D. McCarthy	•				
STREET ADDRESS		2.3 STREET ADDRESS	2615 Lantana Road, S	Suite A	ĺ			
CITY-ST-ZIP		2. 4 CITY-ST-ZIP	Lantana, FL 33462					
TITLE	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition			
NAME		3.2 NAME			1			
STREET ADDRESS		3.3 STREET ADDRESS						
CITY-ST-ZIP		3.4. CITY-ST-ZIP						
TITLE	☐ DÉLETE	4.1 TITLE		☐ Change	☐ Addition			
NAME		4. 2 NAME						
STREET ADDRESS		4.3 STREET ADDRESS						
CITY-ST-ZIP		4.4 CITY-ST-ZIP						
TITLE	☐ DELETE	5.1 TITLE		☐ Change	☐ Addition			
NAME		52 NAME						
STREET ADDRESS		5.3 STREET ADDRESS		, ,				
CITY-ST-ZIP		5.4 CITY-ST-ZIP						
TITLE	☐ DELETE	6.1 TITLE		Change	☐ Addition			
NAME		6.2 NAME						
STREET ADDRESS		6.3 STREET ADDRESS						
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<u> </u>					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receivery true feel movered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or an appear of the corporation of the receivery true feel moves and the same legal effect as if made under oath; that I am an officer or director of the corporation or the receivery true feel movered.

SIGNATURE:

Sean McCarthy, President SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/17/99

561-963-8000

Daytime Phone #